

Summary of Benefits Report for Mississippi, CHIP

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Preventive Services

| | Is the service Covered? | Frequency | List any service - specific limitations |
|--|-------------------------|-------------------|---|
| Cleanings | Yes | 1 x 6 months | UHC Age 0-13 Molina Age 0-19 |
| Fluoride treatments (including fluoride varnishes) | Yes | 1 x 6 months | UHC Age 0-6 Molina Age 0-19 |
| Sealants (list any tooth-specific limits) | Yes | 1 x every 3 years | UHC Age 0-14/Teeth #2-5, 12-15, 18-21, and 28-31 Molina Age 0-14, First and second molars and maxillary premolars |
| Space maintainers | Yes | | UHC Age 0-15/D1510, D1520 quadrant LL, LR, UR, UL; D1516 teeth 2-15, A-J; D1517 teeth 18-31 and K-T; D1526 teeth #2-15 and A-J; D1527 teeth #18-31 and K-T Molina Age 0-15 |

Diagnostic Services

| | Is the service Covered? | Frequency | List any service - specific limitations | Recommended age of first visit ? |
|-------------------------------------|-------------------------|-----------|---|----------------------------------|
| Oral health screening or assessment | Yes | | Molina Age 0-19 UHC Not covered | |
| Dental examinations | Yes | | Molina 1x6months Age 0-19 UHC D0120-2 per year Age 0-19, D0510-1 per 3 years Age 0-19, D0145-D0140 no frequency , D0145 age 0-2, D0140 age 0-19 | |
| Assessment of risk for tooth decay | No | | | |

X-Rays

| | | | | |
|------------|-----|-------------------|----------|--|
| Bitewing | Yes | 1 x 6 months | Age 0-19 | |
| Full Mouth | Yes | 1 x every 2 years | Age 0-19 | |
| Panoramic | Yes | 1 x every 2 years | Age 0-19 | |

Treatment Services

| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
|--|-------------------------|-----------|--|-----------------------|
| Anti-microbial treatments that stop decay from spreading | No | | | |
| Fillings | | | | |
| Silver amalgam | Yes | | UHC Age 0-19, D2140, D2150, D2160, D2161 teeth #1-32 and #A-T Molina Age 0-19 one per tooth per 12 months | |

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| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Tooth colored composite | Yes | | UHC Age 0-19, D2330, D2331, D2332, D2335 teeth #6-11, 22-27, C-H, M-R/D2391, D2392, D2393, D2394 teeth #1-5, 12-21, 28-32, A-B, S-T, I-L Molina Age 0-19 one per tooth per 12 months | |
| Crowns/tooth caps | | | | |
| Stainless steel crowns | Yes | | UHC Age 0-19 teeth #1-32 and A-T Molina Age 0-19 prior auth required for permanent teeth | |
| Metal (only) crowns | No | | | |

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| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Metal/porcelain crowns | Yes - only with prior authorization | | <p>UHC 1 per tooth per 5 years, Age 0-19, teeth #6-11 and #22-27</p> <p>Molina - Age 0-19, 1 tooth per 5 years, Tooth is damaged because of trauma or carious exposure</p> <ul style="list-style-type: none"> • Fill is properly condensed/obtured; filling material does not extend excessively beyond the apex <p>A request for prior authorization for endodontic therapy will not meet criteria if:</p> <ul style="list-style-type: none"> • The endodontic treatment is for aesthetic reasons • Gross periapical or periodontal pathosis is demonstrated radiographically • Caries are demonstrated radiographically to be present along the crestal bone or into the furcation, deeming the tooth non-restorable • The generally poor oral condition does not justify root canal therapy • Endodontic therapy is for third molars, unless they are an abutment for a partial denture • The tooth has advanced periodontal disease and/or pocket depths greater than 5mm • Endodontic therapy is in anticipation of placement of an overdenture • An endodontic filling material not accepted by the FDA is used | |
| Porcelain (only) crowns | Yes - only with prior authorization | | <p>UHC 1 per tooth per 5 years, Age 0-19, teeth #6-11 and #22-27</p> <p>Molina not covered</p> | |
| Root Canals (endodontics) | | | | |
| Root canals on baby teeth (pulpotomies) | Yes | | <p>UHC Age 0-19, teeth #1-32 and A-T</p> <p>Molina Age 0-19</p> | |

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| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Root canals on permanent teeth | Yes - only with prior authorization | | One per tooth per lifetime UHC Age 0-19, teeth #1-32 and A-T Molina Age 0-19 | |
| Gum (periodontal) therapy | Yes - only with prior authorization | | <p>UHC one per quad per 6 months, Age 10-19, Quadrants UR, LR, UL, LL Molina two quadrants per visit, four quadrants per year Age 10-19</p> <ul style="list-style-type: none"> • Gingivectomy or Gingivoplasty <p>Criteria for approval of gingivectomy or gingivoplasty include evidence of one or more of the following: Comprehensive periodontal evaluation (i.e., description of periodontal tissues, pocket depth chart, tooth mobility, mucogingival relationships) Covered service is payable for CHIP beneficiaries.</p> <ul style="list-style-type: none"> • Periodontal Scaling and Root Planing <p>Criteria for approval of periodontal scaling and root planing include evidence of one or more of the following:</p> <ul style="list-style-type: none"> • Periodontal procedures are limited to once per quadrant per fiscal year. Prior authorization is required with a pre-treatment radiographic image. • Scaling cannot be billed together on the same date of service. | |
| Dentures | | | | |

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| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Partial dentures | Yes - only with prior authorization | | UHC Age 0-19 Molina Age 0-19. Removable prosthodontics are payable as an accidental injury benefit or are recommended by your child's doctor or dentist to treat severe craniofacial anomalies • Dentures/partials (with cast framework) will only be covered in cases where teeth are congenitally missing, i.e. Ectodermal Dysplasia. Denial reasons include lost teeth due to cavities, periodontal disease or trauma. | |
| Complete dentures | Yes - only with prior authorization | | UHC Age 0-19 Molina Age 0-19. • Removable prosthodontics are payable as an accidental injury benefit or are recommended by your child's doctor or dentist to treat severe craniofacial anomalies Dentures will only be covered in cases where all teeth are congenitally missing, i.e. Ectodermal Dysplasia. Denial reasons include lost teeth due to cavities, periodontal disease or trauma. | |
| Bridges | No | | | |
| Orthodontics* | | | | |
| Retainers (orthodontic) | No | | | |

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| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Braces | Yes - only with prior authorization | | UHC one per code per lifetime, D8020 Age 0-20/D8080 Age 0-19 Molina Ages 0-19 Treatment is all inclusive (banding, bracketing, all periodic adjustments, replacement of broken hardware, removal and retainers. 1) Accidental injury benefit 2) Medical necessity for: Severe craniofacial anomalies Full cusp Class III malocclusions Syndrome and Craniomandibular disorder | |
| Oral surgery | | | | |
| Simple extractions | Yes | | UHC Age 0-19 one code per lifetime Molina Age 0-19 | |

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| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Surgical extractions | Yes | | UHC Age 0-19 one code per lifetime Molina Yes only with prior authorization. One per lifetime per tooth Age 0-19. The prophylactic removal of asymptomatic teeth (e.g., third molars) or other teeth exhibiting no overt clinical pathology (for orthodontics) may be covered, subject to consultant review. Symptoms should be present for approval of all third molar extractions. Those symptoms may include cysts, resorption of adjacent teeth, angulation causing inability for tooth to erupt, and other clinical symptoms. Normal eruption pain is not considered a pathological symptom that would require an extraction. The removal of primary teeth whose exfoliation is imminent does not meet criteria. | |
| Care of abscesses | No | | | |
| Cleft palate treatment | No | | | |
| Cancer treatment | No | | UHC not listed in MS CHIP benefit plan detail report | |
| Treatment of fractures | Yes - only with prior authorization | | UHC Age 0-19 Molina Age 0-19 . Narrative of Medical Necessity for Post treatment review | |
| Biopsies | No | | | |
| Treatment of jaw joint problems (TMJ) | Yes - only with prior authorization | | UHC Age 0-19 Molina Age 0-19 | Narrative of Molina-Medical Necessity for Post treatment review |
| Emergency room services provided by a dentist | No | | UHC not listed in MS CHIP benefit plan detail report | |
| Inpatient Hospital Services | No | | UHC not listed in MS CHIP benefit plan detail report | |
| Anesthesia | | | | |

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| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| General anesthesia | Yes - only with prior authorization | | UHC Age 0-19 D9222 one per code everyday/D9223 nine (9) per code everyday. Molina Age 0-19 | Molina-"All forms of sedation and anesthesia administered in a dental office-based setting must comply pursuant to Miss. Code Ann. § 73-9-13 to ensure that beneficiaries are provided with the benefits of anxiety and pain control in a safe and efficacious manner. The use of topical anesthetics and local anesthesia are inclusive of the procedure being performed and cannot be billed separately. The use of general anesthesia or IV sedation is considered acceptable for procedures covered by the health plan, provided appropriate criteria are met. These include, but may not be limited to, extensive or complex oral surgical procedures such as: <ul style="list-style-type: none"> • Impacted wisdom teeth • Surgical root recovery from maxillary antrum • Surgical exposure or impacted or unerupted cuspids • Radical excision of lesions in excess of 1.25 cm • General anesthesia or IV sedation may also be allowed for any of the following medical situations: <ul style="list-style-type: none"> • Medical conditions that require monitoring such as cardiac problems or severe hypertension • Underlying hazardous medical condition (such as cerebral palsy, epilepsy, mental retardation including Down Syndrome), which might render |

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|------------------------------------|-------------------------|-----------|--|---|
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| | | | | the member non-compliant • Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective CHIP beneficiaries' benefits are provided for anesthesia and for associated facility charges when the mental or physical condition of the Member requires dental treatment to be rendered under physician-supervised general anesthesia in a hospital setting, surgical center or dental office. These services include general sedation and nitrous oxide. A pre-treatment narrative and post treatment anesthesia records are required." |
| Intravenous conscious sedation | No | | | |
| Non-intravenous conscious sedation | No | | | |
| Analgesia (nitrous oxide) | Yes | | UHC Age 0-7, one per code everyday., Molina Age 0-7 | |

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).